## The Anthony School Medication Form

NOTE: A separate form must be completed for each medication administered

Student's Name	Date of Birth	Grade
The school nurse (or designee) has multipurposes.	ny permission to take a photograph	of my student for identity
Signature of Parent/Guardian	Da	ate
Name of Medication	Dosag	ge
Time to be taken	Ordering Physician	
Reason for Medication		
In case of an Emergency, call		
I certify that <i>at least one</i> dose of t adverse reactions were experience designee) to administer the above	ed. Therefore, I give permission	_
For an oral controlled substance, i <i>delegate</i> to the following designed the medication at school.		
I acknowledge that the District, its immune from civil liability for da in accordance with this consent fo	mages resulting from the admin	
Parent or Guardian		Date
Note: Medication MUST BE in current	original container from the pharmacy	The medication will only

Note: Medication **MUST BE** in current original container from the pharmacy. The medication will only be administered according to the physician's directions on the container.

Date	Pill Count	Brought by	Signature/Signature (two persons)	Comments